



## MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-01.0	Subject: <b>CHRONIC DISEASE SERVICES</b>	
Reference: NCCHC Standard P-G-01, P-E-12, P-F-01 2014; Oregon Department of Corrections; Chronic Care Follow-up form; Chronic Care Visit Flow Sheet; HIV/AIDs Flow Sheet, HS E-12.0 Continuity of Care, HS F-01.0 Health Lifestyle Promotion	Page 1 of 3 and no attachments	
Effective Date: November 1, 2010	Revised: June 1, 2017	
Signature / Title: /s/ Cindy Hiner / Health Services Manager		
Signature / Title: /s/ Medical Director		

### I. PURPOSE

To identify patients who have chronic illnesses and enroll them into a chronic care program. The goal of the chronic care program is to provide quality patient care, decrease frequency and severity of symptoms, prevent disease progression and complication, and improve patient outcomes. Clinical protocols will be used for the management of chronic illness and will be consistent with national clinical practice guidelines.

### II. DEFINITIONS

Chronic Care Program – a program which incorporates a treatment plan and regular clinic visits. The clinician monitors the patient's progress during clinical visits and, when necessary, changes prescribed treatment plans. The program also includes patient education for symptom management.

Chronic Disease – an illness that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed to provide optimum functioning within any limitations the condition imposes on the individual.

Clinical Practice Guidelines – systematically developed, science based statements designed to assist the practitioner and patient with decisions about appropriate health care for specific clinical circumstances. These guidelines are used to assist clinical decision making, assess and assure quality of care, educate individuals and groups about clinical disease, guide allocation of health care resources, and reduce the risk of legal liability for negligent care.

National Clinical Practice Guidelines – guidelines presented by national professional organizations and accepted by experts in the respective medical fields.

### III. PROCEDURES

#### A. Guidelines

1. The Medical Director will establish and annually approve clinical protocols consistent with *National Clinical Practice Guidelines* will be established and approved through the CQI committee.
2. Patients will be enrolled in the chronic care program upon initial provider physical intake assessment and/or throughout the remainder of their incarceration.
  - a. Patients enrolled in chronic care will be seen for their chronic disease within one month of initial enrollment.
  - b. A designated RN will be assigned to administer the chronic care program, and will track and monitor all inmates in the program.

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3. All orders for enrollment into chronic care will be given to the chronic care nurse. The chronic care nurse will be responsible for entering those patients into the chronic care database and tracking them for the remainder of their incarceration and/or discontinuation from chronic care.
4. Chronic diseases monitored through the chronic care program are: Diabetes, Hypertension, Hyperlipidemia, Pulmonary Disorders, Hypo/Hyper Thyroidism, Seizure Disorder, Cardiovascular Disease, HIV/AIDs, and Sickle cell, Tuberculosis, and Major Mental Illness.
5. Laboratory tests and diagnostic tests for chronic care visits will be ordered at chronic care visit and done prior to the chronic care appointment, to allow for a review of the data at the time of the patient encounter with the practitioner.
  - a. Laboratory and diagnostic testing will be ordered in accordance with current National Commission on Correctional Health Care (NCCHC) standards of care. Providers will order labs and diagnostic testing at the chronic care visit. Providers will use the *Chronic Care Follow-up* forms as a guideline for timely lab and follow-up intervals.
  - b. All labs and diagnostic testing ordered by clinicians for the purpose of Chronic Care visits will be discussed by the clinician at the next Chronic Care appointment following the lab or test. (as per HS E-12.0)
  - c. The chronic care nurse will review each chart following the chronic care visit to make sure labs and diagnostic tests were ordered, as indicated. If labs and /or diagnostic tests were not ordered and are due, the chronic care nurse may write an order for those needed labs and diagnostic tests within NCCHC and national standards.
6. Documentation for each chronic care visit will be filed in the patient's health record under the chronic care tab and on the appropriate chronic care forms.
  - a. The nurse assigned as the clinic nurse on the day of the chronic care encounter will enter the patient's most recent lab result on the [Chronic Care Visit Flow sheet](#) under the appropriate chronic disease prior to the chronic care visit. Vitals for each visit will also be noted in the appointed area at the top of the flow sheet.
    - 1) Patient's chronic disease will be highlighted on the chronic care flow sheet and will be highlighted and circled on the chronic care follow-up form.
  - b. The [Chronic Care Follow-up form](#) will be completed by the practitioner, and all areas of the form will have documentation.
    - 1) The clinician may write additional information or other condition information in the progress note as long as the chronic care follow-up form is completed.
    - 2) The clinician will document all health education and instruction in self-care from the appointment on the Chronic Care Follow-up form.
    - 3) The clinician will document improvement or digression of disease progress and appropriate follow-up using the appropriate areas on the *Chronic Care Follow-up form*.
    - 4) The chronic care nurse will review each chart following the chronic care visit to verify that each area of the follow-up form has been addressed. Should the provider not address an area on the form, the patient will be rescheduled to re-address that particular need.
  - c. The same forms are used for the above listed chronic care diseases except for HIV/AIDs. This disease has a separate [HIV/AIDs flow sheet](#). This flow sheet will be filled in by a nurse prior to appointment with the provider.
  - d. The guidelines and forms are reminders of practice, monitoring, and documentation. Any clinically indicated deviations from the guidelines are to be documented and explained.

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7. Follow-up orders and, when indicated, labs and diagnostic tests will be ordered after every patient's chronic care visit based on the guidelines and/or practitioners examination and treatment.
  - a. Follow-up orders for chronic care will be based on the patient's health at the time of the visit and will follow NCCHC standards and guidelines from the Chronic Care Follow-up form. Any deviation from those standards will be documented per the provider. Should the provider not write orders for follow-up, the chronic care nurse will schedule the patient for a chronic care visit within the time lines prescribed in NCCHC standards.
8. Follow-up appointment and labs will be entered into the computer system by laboratory and scheduling.
  - a. Labs will be entered through lab and scheduled for draw based on time period ordered for next chronic care appointment.
  - b. Scheduling will then receive the order and will schedule a chronic care appointment within the time period ordered by the provider and within a two week time period after the lab draw is scheduled.
  - c. All providers' orders for chronic care will be routed to the chronic care nurse. The chronic care nurse will enter the next scheduled appointment into the chronic care database.
9. All charts seen for chronic care will be given to the chronic care nurse for review and data entry into the database.
  - a. The chronic care nurse will enter all current lab work, diagnostic tests, and other pertinent information as it pertains to that patient's chronic disease, into the chronic care database, (ie: hypertension will have blood pressures, pulmonary will have peak flows, etc.)
  - b. This is the time when the providers' documentation and orders will be reviewed by the chronic care nurse.
10. The chronic care nurse may be assigned by the practitioner to follow-up with chronic care patients to help assure compliance with medication, diet, and treatment plan as well as education on their disease and self-care.
  - a. The chronic care nurse will also initiate education to inmates individually or in groups through the use of classes, audio and videotapes, brochures and pamphlets, or other available medical information. The education will be based on chronic diseases, self care, medication compliance, diets, exercise, and other medical and healthy lifestyle needs.
  - b. All health education and instruction in self-care done by the Chronic Care nurse will be documented by the Chronic Care nurse in the patient health care record (see HS F-01.0).
11. Patients may be discontinued from the chronic care program if they have been asymptomatic subjectively and objectively (including labs) for two years while off all medications or treatments and the clinician writes orders and documents rational for discontinuation from chronic care.

#### **IV. CLOSING**

Questions concerning this operational procedure will be directed to the Health Services Manager.

#### **V. ATTACHMENTS** None